



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/13/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Crowel Agency, Inc. 8244 Kennedy Avenue  Highland  IN 46322	<b>CONTACT</b> Thomas G. Crowel, CPCU, CIC <b>NAME:</b> <b>PHONE</b> (219) 923-2131 <b>FAX</b> (219) 972-5209 (A/C, No, Ext): (A/C, No): <b>E-MAIL</b> tgc@crowelinsurance.com <b>ADDRESS:</b>
<b>INSURED</b> Toddco, Inc. 3630 Ridge Road  Highland	INSURER A: United Fire & Casualty Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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2015 022474

**COVERAGES**      **CERTIFICATE NUMBER: 2014-2015**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			60403481	5/17/2015	5/17/2016	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	GGREGATE LIMIT APPLIES PER:							PERSONAL & ADV. INJURY \$ 1,000,000
	<input type="checkbox"/> GE						GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> LIC <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY			60403481	5/17/2015	5/17/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO ALL						BODILY INJURY (Per person) \$ 114	
	<input type="checkbox"/> OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> OWNED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ 12866	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			60403481	5/17/2015	5/17/2016	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000	
	<input checked="" type="checkbox"/> RETENTION \$ 10,000							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			60403481	5/17/2015	5/17/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A			E.L. EACH ACCIDENT \$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000	
							E.L. DISEASE - POLICY LIMIT \$ 500,000	




2015 APR 15 PM 3:00  
 MICHAEL S. PROFFER  
 RECORDER  
 STATE OF INDIANA  
 LAKE COUNTY  
 RECORDER

CK# 12866  
 CONF

A	Hired & Leased Equipment		60403481	5/17/2015	5/17/2016	\$25,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **General Contractor & HVAC**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<p>(219) 755-3712</p> <p>Lake County Plan Commission 2293 N. Main Street Crown Point, IN 46307</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>T Crowel, CPCU, CIC/T</p> 

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